

WORKERS' COMPENSATION DECLARATION
I affirm that I have a certificate of consent to self
a certificate of Workers' Compensation Insurance, or
copy thereof (Sec. 3800, Lab. C.)

Company _____

ied copy is hereby furnished.

ied copy is filed with the county building inspection
ment.

Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

on need not be completed if the work involved
mit is for one hundred dollars (\$100) or less.)

that in the performance of the work for which this
issued, I shall not employ any person in any manner
become subject to the Workers' Compensation Laws.

Applicant _____

Q APPLICANT: If, after making this Certificate of
you should become subject to the Workers'
ion provisions of the Labor Code, you must forth-
ly with such provisions or this permit shall be
oked.

LICENSED CONTRACTORS DECLARATION

I affirm that I am licensed under provisions of Chapter
ncing with Section 7000) of Division 3 of the Busi-
professions Code, and my license is in full force and

umber _____ Lic. Class _____

Date _____

exempt from the licensing requirements as I am a
ed architect or a registered professional engineer
in my professional capacity (Section 7051, Bus-
and Professions Code).

No. _____ Date _____

HOME OWNER-BUILDER DECLARATION

I affirm that I am exempt from the Contractor's
w for the following reason (Section 7031.5, Busi-
professions Code):

owner of the property, will do the work and the
e is not intended or offered for sale (Section
usiness and Professions Code).

er of the property, am exclusively contracting
nsed contractors to construct the project
044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

on that there is a construction lending agency
nance of the work for which this permit is
7, Civ. C.).

I have read this application and state that the
is correct. I agree to comply with all County
te laws regulating Heating, Ventilating and
and hereby authorize representatives of this
upon the above-mentioned property for

Date _____

76A364C
CE - 818 (2-80)

APPLICATION FOR PERMIT

HEATING-VENTILATING-AIR CONDITIONING

5

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)				BUILDING ADDRESS	
NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE		LOCALITY	
	ABSORPTION UNIT, BTU			NEAREST CROSS ST.	
	AIR HANDLING UNIT, CFM			DISTRICT NO.	PROCESSED BY
	BOILER, BTU			APPROVALS	
	COMPRESSOR, BTU			DATE	
	VENTILATION SYSTEM			INSPECTOR'S SIGNATURE	
	EVAPORATIVE COOLER			ROUGH	
	FURNACE: FAW GRAVITY			FINAL	
	FLOOR: BTU				
	HEATER: SUSPENDED UNIT				
	WALL				
Plan check fee 25% of above.					
PERMIT ISSUING FEE \$					
TOTAL FEE					
PLAN CHECK APPLICANT					
NAME					
ADDRESS					
CITY TEL. NO.					
OWNER					
MAIL ADDRESS					
CITY TEL. NO.					
CONTRACTOR					
ADDRESS					
CITY TEL. NO.					
STATE LIC. CLASS					
LICENSE NO.					

SEE REVERSE FOR EXPLANATORY LANGUAGE

TEMPORARY FILE COPY